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PTO/SB/83 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/739,933
Filing Date	December 18, 2000
First Named Inventor	James Steven Reid
Art Unit	1625
Examiner Name	Turner, Sharon L.
Attorney Docket Number	50395-077

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Case transferred to a new firm

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Erik Flom, Ph.D., Esq., Welsh & Katz				
Address	120 South Riverside Plaza				
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Signature					
Name	Susanne M. Hopkins			Registration No.	33 247
Date	9/28/07			Telephone No.	703-648-6284

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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